

215047573
70096

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

1	Total Number of Vehicles	Local No./ District 116	Agency Case No. B5-107239	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1	
A/1	DATE OF ACCIDENT	11/17/2015		(In Military Time) TIME OF ACCIDENT 0800		STATE USE ONLY 11/17/2015	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 0802	PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO		
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. n. 33 at Schworer- Landmark circle			ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO		
C	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE		
D	IF AT INTERSECTION	NAME OF INTERSECTING ROADWAY		IF NOT AT INTERSECTION	NAME OF NEAREST STREET, BRIDGE, RAILROAD CROSSING		
		75.00		X FEET <input type="radio"/> MILES	N S E W	Landmark Cr	
V1/M	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN						
V2/M	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN		
E	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO		
F	VEHICLE NO. 1						
	DRIVER LICENSE NO.	G16012390			STATE (Of License)	NE	
V1/N	DRIVER	KELLY R NEWTON			PHONE	402-610-2109	
V2/N	DRIVER ADDRESS	300 S WELCH PARK RD, MILFORD, NE 68405			DATE OF BIRTH (MM / DD / YYYY)	07/30/1949	
G	OWNER	URIBE REFUSE SERVICES INC			PHONE	402-467-1239	
	OWNER ADDRESS	4600 N 48TH ST, LINCOLN, NE 68504			CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO.	
H	LICENSE PLATE	TE	NO.	TGP831	YEAR (Plate Expires)	2016	
V1/O	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR	
	2013	GMC	3NK	Pickup truck	silver / chrome	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 3500	
V2/O	VEHICLE ID NO. (VIN)	1GT220CGXDZ224616			INSURANCE COMPANY	The Cincinnati Ins Co	
	TOWED TO	TOWED BY			POLICY NO.	WHA 0000150	
I	VEHICLE NO. 2						
	DRIVER LICENSE NO.				STATE (Of License)		
V1/P	DRIVER				PHONE		
V2/P	DRIVER ADDRESS				DATE OF BIRTH (MM / DD / YYYY)		
J	OWNER				PHONE		
	OWNER ADDRESS				CITATION <input type="radio"/> PENDING <input type="radio"/> YES <input type="radio"/> NO	CITATION NO.	
V1/Q	LICENSE PLATE	NO.				YEAR (Plate Expires)	
V2/Q	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR	
	VEHICLE ID NO. (VIN)				INSURANCE COMPANY		
K	TOWED TO	TOWED BY			POLICY NO.		
	Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. #	NAME	ADDRESS			DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5 SEX Seat Position Eject Body Region Injury Sev. Trans. M F	
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME	EMS RUN REPORT NO.	
VEH. #	NAME	ADDRESS			DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5 SEX Seat Position Eject Body Region Injury Sev. Trans. M F	
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME	EMS RUN REPORT NO.	
VEH. #	NAME	ADDRESS			DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5 SEX Seat Position Eject Body Region Injury Sev. Trans. M F	
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME	EMS RUN REPORT NO.	

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-107239

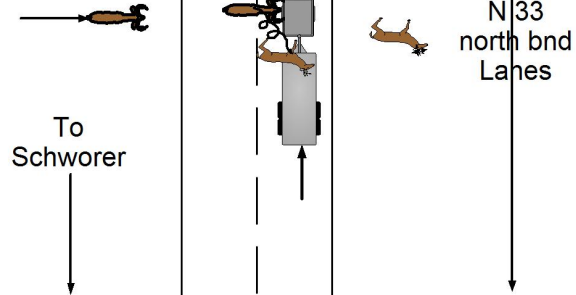


Indicate
North
by Arrow



Not To Scale

POI- approx 75ft south of the south curb
of Landmark Cr and 7ft west of the east
curb of n.33



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Driver of veh #1 said that he was north bnd on n.33 in the outside traffic lane when a deer ran from the west side of the roadway into the side of his pickup. The deer then went airborne and struck the trailer being pulled by veh #1

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE
	Black flatbed trailer	Uribe Refuse	4600 n.48, Lincoln, NE	402-467-1239	\$ 1000
WITNESSES	NAME	ADDRESS			PHONE
	NAME	ADDRESS			PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA				AIRBAG DEPLOYED VEHICLE 1				RESTRAINT USE VEHICLE 1				TOTAL OCCUPANTS																				
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME				(Enter numbers for each vehicle)																											
1	X				n.33								4				2				<table border="1" style="width:100%;"> <tr> <th>ALCOHOL TESTING</th> <th>Driver No. 1</th> <th>Driver No. 2</th> <th>Pedestrian</th> </tr> <tr> <td>Y</td> <td></td> <td>Y</td> <td></td> </tr> <tr> <td>ALCOHOL LEVEL TESTED</td> <td>N</td> <td>X</td> <td>N</td> </tr> </table>				ALCOHOL TESTING	Driver No. 1	Driver No. 2	Pedestrian	Y		Y		ALCOHOL LEVEL TESTED	N	X	N
ALCOHOL TESTING	Driver No. 1	Driver No. 2	Pedestrian																																	
Y		Y																																		
ALCOHOL LEVEL TESTED	N	X	N																																	
2																																				
1	01	06 Turning left			VEHICLE 1				VEHICLE 2				1 Deployed - front				1 None used - vehicle occupant																			
2		08 Entering traffic lane			POINT OF IMPACT				POINT OF IMPACT				2 Deployed - side				2 Lap & shoulder belt used																			
		09 Leaving traffic lane			MOST DAMAGED AREA				MOST DAMAGED AREA				3 Deployed - both front/side				3 Shoulder belt only used																			
		10 Parked			00 None				01				4 Not deployed				4 Lap belt only used																			
		11 Slowing or stopped in traffic			09 Top & windows				02				5 Not applicable/ No airbag available				5 Child safety seat used																			
		12 Other			10 Undercarriage				03				6 Unknown				6 Child booster seat used																			
		13 Unknown			11 Total (all areas)				04								7 DOT approved helmet used																			
					12 Other				05								8 Costume helmet used																			
									06								9 Restraint use unknown																			

OFFICER NO. 764	TROOP/ TEAM/ BEAT NW	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Michael Schaaf		INVESTIGATOR SIGNATURE Approved by Ofc Michael Schaaf	
DATE OF REPORT 11/17/2015			